Voucher prepare THE UNITED STA To THE PER	TES, Dr.,  KIN-KINER CORPO  (Address)  te of Delivery (Enter	(Give Payee's Acco	place and date)  ount No.			i		2 of 2
Voucher prepare THE UNITED STA To THE PER  No. and Date of Order  PAYMENT:	TES, Dr.,  (Address)  (Enter of Delivery or Service (Enter sec	(Give Payee's Acco	place and date)  ount No.			i	• ,	
THE UNITED STA	(Address)  (Enter or Service	(Give Payee's Acco	place and date)  Ound No.  OR SERVICES ber of contract or Fede					
No. and Date of Order	(Address)  (Enter or Service	(City ARTICLES description, item num	) OR SERVICES ber of contract or Fede	••••••				
No. and Date of Order  Date of Order	(Address)  te of Delivery (Enter or Service sc	(Payee) (City ARTICLES description, item num hedule, and other info	OR SERVICES	•••••				
No. and Date of Order  PAYMENT:	te of Delivery (Enter or Service	(City ARTICLES description, item num hedule, and ether info	OR SERVICES	•••••				
Order  PAYMENT:	te of Delivery (Enter or Service	ARTICLES description, item num hedule, and ether info	) OR SERVICES ber of contract or Fede				(For use o	of Paying Off
Order	or Service sc	ARTICLES description, item num hedule, and ether info	OR SERVICES ber of contract or Fede	(CLRIC)				
Order  PAYMENT:	or Service sc	hedule, and other info	DOL OL COULLECT OL LOGG		<u> </u>	UNIT	PRICE	AMO
	- Jacoban I	THAOT	rmation deemed neces	rai suppiy sary)	QUANTITY	Cost	Per	Dellar
			JSS					-
		8705				ļ		5
		8713			] ]	}		366
		9329						5,526
		9328						85
		8675						40,52
Complete		. •						
Complete							I	
Partial							I	
Final		Use continuation	sheet(s) if necessary					
Shipped from	to	Weight		ent B/L No.	!		Total	69,32
certify that the above	e bill is correct and just an		y has not hear receive.	(Paye	e must NOT	use this		
		paymont motel	100011 10001460		es			
	(Sign orig	inal only)						
		7						
Date		guired when a libe agetificate to	de by payee on attached bill or bill					1
				Accoun	nt verified; o			
				(Signa	ture or initia			
Contract No. SC-	×1-24	Date 5 May 1	95 <b>%</b> eg. No.		•	<u>In</u>	voice Rec'	d.
Pursuant to authority	vested in me, I certify that	this account is correct	and proper for paymen			11	/ /	
			a proper ter payment			Th	4/5	9
Approved for \$			† <u>-</u>				7 / U	- <del>/</del>
			IGN GINAL Tiels				プ	'has
Ву			NLY Title	(C	ontračt	ing/Of	Ticer	July !
it <del>.c</del>			Date	,,,,				
HT CAPPED	ING UTILGER) E REVERSE OF THIS FORM MUST I	BE EXECUTED WHEN PURCH	LATE . ASES ARE MADE OR SERVICES	SECURED WITHOU	IT WRITTEN AG	REEMENT IN	ANY FORM	
	ACCO	OUNTING CLASSIFIC	ATION (For completie	n by Administ	rative Office			
Appropriation, limits project symbo		Арргор	iation title		Lim	it'n. er Pro	●j't.	Appropria
Allotment symi	ol Amount	Obligations liquidated	COST ACC	<del>-</del>			VE CLASI	BIFICATION
			Symbol	Amount	·	Symbol		Ameun
(0) 1 1							·	
aid by {	dated .		, 19, for \$					he United St med above.
Cash, \$	, on		, 19 Payee			TARREST STATE	· payec na	

## METHOD OF OR ABSENCE OF ADVERTISING

## METHOD OF ADVERTISING

1.	Advertising in newspapers Yes No No
2.	(a) Advertising by circular letters sent to dealers.
	(b) And by notices posted in public places Yes \( \square\) No \( \square\).
	(If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made below.)
	ABSENCE OF ADVERTISING
	Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.
4.	Without advertising in accordance with
	Without advertising, it being impracticable to secure competition because of
	(Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 3 and 4)
ءمآ	Note.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under oper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and acceptance, or is formal agreement) Standard Form No. 1036—Revised, should be used for abstracting the method of or absence of advertising and vard of contract. (See General Regulations No. 51, as amended.)

16 -- 22900-2 ★ U. S. GOVERNMENT PRINTING OFFICE: 1950--- O-75806

Standard Form No. 1034—Revised Form prescribed 37

## LIC VOUCHER FOR PURCHASES ANY

Supple.	Inv.	No.	13287
			,

U. S		partment, bureau, or establishme	ont)		-	PA	ID BY
Voucher prepared	nt	parement, sector, or constitution					
voucioi propurou c	***	(Give place and	date)		-		
THE UNITED STATES	S, Dr.,	Payee's Account N	0		- 1		
To	The Pe	rkin-Elmer Corpo	ration				
10		(Payee)			·		
			Connecticut		_ L		****
	(Address)	(City)  ARTICLES OR SER	(Stat	te)			1
No. and Date of Order or S	of Delivery Service  CEnter de sch Discount Te	escription, item number of co edule, and other information	ntract or Federal supp	QUANTITY	Cost	Per	Dollara
	Suppl	emental Inv. No.	13287				45,544
PAYMENT:  Complete  Partial	SEF	DPD YOU. NO. 1	43	-			
·				1 1			
Final		Use continuation sheet(s) i	f necessary				
Final		Weight I that payment has not been re	Government B/L	(Payee must NO)			1
Final Shipped from I certify that the above bee eriginal in Date *	ill is correct and just and (Sign originates for cert	Weight I that payment has not been re	Government B/L	(Payee must NO)		space)	
Final Shipped from I certify that the above be eriginal in Per	(Sign original of the control of the	Weight I that payment has not been remail only) ification.  utred when a like certificate is made by payee.  Title	Government B/L	(Payee must NOT	correct for	space)	Eys,syr
Final Shipped from I certify that the above bee eriginal in Date *	(Sign original content of the conten	Weight I that payment has not been remail only) Ification.  Suited when a like certificate is made by payor	Government B/L	(Payee must NOT	correct for	space)	Eys,syr
Final Shipped from I certify that the above bee eriginal in Date *  Per Contract No. 5 6.	(Sign original origin	Weight I that payment has not been remail only) ification.  utred when a like certificate is made by payee.  Title	Government B/L	(Payee must NOT Differences Amount verified; (Signature or initi	correct for	space)	645,544 d.
Final Shipped from I certify that the above bee eriginal in Date *  Per Contract No. 5 6.	(Sign original origin	Weight I that payment has not been remail only) Ification.  Title  Date Req.	Government B/L	(Payee must NOT Differences Amount verified; (Signature or initi	correct for	space)	Eys,syr
Final Shipped from I certify that the above be eriginal in Date *  Per	(Sign original origin	Weight I that payment has not been remail only) Ification.  Title  Date Req.  SIGN	Government B/L	(Payee must NOT Differences Amount verified; (Signature or initi	correct for	space)	645,544 d.
Final Shipped from I certify that the above bee eriginal in Date *  Per Contract No. 5 C.	(Sign original control of the contro	Weight I that payment has not been remail only) ification.  Title  Date Req. this account is correct and projections.	Government B/L	(Payee must NOT Differences Amount verified; (Signature or initi	correct for	space)	645,544 d.
Final Shipped from I certify that the above be eriginal in Date *  Per Contract No. 5 C Tursuant to authority vest † Approved for \$ By	(Sign original control of the contro	Weight I that payment has not been remail only) Ification.  Title  Date Req.  SiGN ORIGINAL	Government B/L coccived.  Don attached bill or bills)  No.  Title	(Payee must NOT Differences Amount verified; (Signature or initi	correct for	space)	645,544 d.
Final Shipped from I certify that the above be eriginal in Date *  Per	(Sign original Control of the Contro	Weight I that payment has not been remail only) Ification.  Title  Date Req.  SIGN ORIGINAL ONLY	Government B/L ceceived.  Don attached bill or bills)  No.  Per for  Title	(Payee must NOT) Differences Amount verified; (Signature or initi Date	correct for als)	nvoice Rec'o	645,544 d.
Final Shipped from I certify that the above be eriginal in Date *  Per	(Sign original Control of the Contro	Weight I that payment has not been remail only) Ification.  Title  Date Req.  SiGN ORIGINAL	Government B/L ceceived.  Don attached bill or bills)  No.  Per for  Title	(Payee must NOT) Differences Amount verified; (Signature or initi Date	correct for als)	nvoice Rec'o	645,544 d.
Final Shipped from I certify that the above be eriginal in Date *  Per	(Sign original Control of Control	Weight I that payment has not been remail only) Ification.  Title  Date Req.  SIGN ORIGINAL ONLY	Government B/L  coccived.  Don attached bill or bills)  No.  Deer for  Title  Date  MADE OR SERVICES SECURE	(Payee must NOT) Differences Amount verified; (Signature or initi Date	COFFECT FOR Als)  I	nvoice Rec'o	645,544 d.
Final Shipped from I certify that the above be eriginal in Date *  Per	(Sign original Control of Control	Weight I that payment has not been remail only) Ification.  Title  Date Req.  SiGN ORIGINAL ONLY	Government B/L  coccived.  Don attached bill or bills)  No.  Deer for  Title  Date  MADE OR SERVICES SECURE	(Payee must NOT) Differences Amount verified; (Signature or initi Date	COFFECT FOR Als)  I	nvoice Rec'o	645,544 d.
Final Shipped from I certify that the above be eriginal in Date *  Per	(Sign original Control of Control	Weight I that payment has not been remail only) Ification.  Title  Date Req.  SiGN ORIGINAL ONLY	Government B/L  coccived.  Don attached bill or bills)  No.  Deer for  Title  Date  MADE OR SERVICES SECURE	(Payee must NOT) Differences Amount verified; (Signature or initi Date	COFFECT FOR Als)  I	nvoice Rec'o	645,544 d.
Final Shipped from I certify that the above be eriginal in Date *  Per	(Sign original Control of Control	Weight I that payment has not been remail only) Ification.  Title  Date Req.  SiGN ORIGINAL ONLY	Government B/L  coccived.  Don attached bill or bills)  No.  Deer for  Title  Date  MADE OR SERVICES SECURE	(Payee must NOT) Differences Amount verified; (Signature or initi Date	COFFECT FOR Als)  I	nvoice Rec'o	645,544 d.
Final Shipped from I certify that the above be eriginal in Date *  Per	(Sign original Control of Control	Weight I that payment has not been remail only) Ification.  Title  Date Req.  SiGN ORIGINAL ONLY	Government B/L  coccived.  Don attached bill or bills)  No.  Deer for  Title  Date  MADE OR SERVICES SECURE	(Payee must NOT) Differences Amount verified; (Signature or initi Date	COFFECT FOR Als)  I	nvoice Rec'o	645,544 d.
Final Shipped from I certify that the above be eriginal in Date *  Per	(Sign original Control of Control	Weight I that payment has not been remail only) Ification.  Title  Date Req.  SiGN ORIGINAL ONLY	Government B/L  coccived.  Don attached bill or bills)  No.  Deer for  Title  Date  MADE OR SERVICES SECURE	(Payee must NOT) Differences Amount verified; (Signature or initi Date	COFFECT FOR Als)  I	nvoice Rec'o	645,544 d.
Final Shipped from I certify that the above be eriginal in Date *  Per	(Sign original Control of Control	Weight I that payment has not been remail only) Ification.  Title  Date Req.  SiGN ORIGINAL ONLY	Government B/L  coccived.  Don attached bill or bills)  No.  Deer for  Title  Date  MADE OR SERVICES SECURE	(Payee must NOT) Differences Amount verified; (Signature or initi Date	COFFECT FOR Als)  I	nvoice Rec'o	645,544 d.
Final Shipped from I certify that the above be eriginal in Date *  Per	(Sign original Control of Control	Weight I that payment has not been remail only) Ification.  Title  Date Req.  SiGN ORIGINAL ONLY	Government B/L  coccived.  Don attached bill or bills)  No.  Deer for  Title  Date  MADE OR SERVICES SECURE	(Payee must NOT) Differences Amount verified; (Signature or initi Date	COFFECT FOR Als)  I	nvoice Rec'o	645,544 d.
Shipped from I certify that the above be eriginal in Date	(Sign original Control of the Contro	Weight I that payment has not been remail only) Ification.  Title  Date Req.  SiGN ORIGINAL ONLY	Government B/L  coccived.  Donattached bill or bills)  No.  Date  Date  Bymbol must be show	(Payee must NOT) Differences  Amount verified; (Signature or initi Date  Date	GREEMENT I	nvoice Rec'	d. Offr

the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$\_\_\_\_\_\_\_,", and Sanitized Copy Approved for Release 2011/01/10 : CIA-RDP89B00709R000300570001-3